UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

26815

7590

06/15/2009

RANBAXY INC. INTELLECTUAL PROPERTY DEPT. 600 COLLEGE ROAD EAST SUITE 2100 PRINCETON, NJ 08540

| EXAMINER        |              |  |  |  |
|-----------------|--------------|--|--|--|
| BAEK, BONG-SOOK |              |  |  |  |
| ART UNIT        | PAPER NUMBER |  |  |  |

1614

DATE MAILED: 06/15/2009

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/552,617      | 03/16/2007  | Anita Mehta          | RLL-292US           | 6306             |

TITLE OF INVENTION: SUBSTITUTED AZABICYCLO HEXANE DERIVATIVES AS MUSCARINIC RECEPTOR ANTAGONISTS

| L | APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|---|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
|   | nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 09/15/2009 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

| appropriate. All further indicated unless correct maintenance fee notifica                                                                                                                                                                                                                                                                                             | ed below or directed otl                                                                              | ng the Patent, advance o<br>herwise in Block 1, by (                                                                        | rders and notification of<br>a) specifying a new con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of ma<br>rresp                                                                                                                                                                                                                                                                                | aintenance fees wondence address;                                                            | rill be<br>and/or                                 | mailed to the current<br>(b) indicating a separ                                                                                | correspondence address as<br>rate "FEE ADDRESS" for                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                           |                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                              |                                                   |                                                                                                                                |                                                                                                                                     |
| 26815                                                                                                                                                                                                                                                                                                                                                                  | 7590 06/15                                                                                            | 5/2009                                                                                                                      | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | iave i                                                                                                                                                                                                                                                                                        |                                                                                              |                                                   | <u> </u>                                                                                                                       |                                                                                                                                     |
| RANBAXY INC.<br>INTELLECTUAL PROPERTY DEPT.<br>600 COLLEGE ROAD EAST                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                                             | I<br>S<br>a<br>tu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | here<br>States<br>iddres<br>ransn                                                                                                                                                                                                                                                             | eby certify that the Postal Service was seed to the Mail mitted to the USP.                  | is Fee(s<br>is Fee(s<br>ith suf<br>Stop<br>ΓΟ (57 | of Mailing or Transr<br>s) Transmittal is being<br>ficient postage for first<br>ISSUE FEE address<br>1) 273-2885, on the da    | deposited with the United t class mail in an envelope above, or being facsimile te indicated below.                                 |
| SUITE 2100<br>PRINCETON, N                                                                                                                                                                                                                                                                                                                                             | JI 08540                                                                                              |                                                                                                                             | Γ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   |                                                                                                                                | (Depositor's name)                                                                                                                  |
| ranceron, i                                                                                                                                                                                                                                                                                                                                                            | NJ 00540                                                                                              |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   |                                                                                                                                | (Signature)                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   |                                                                                                                                | (Date)                                                                                                                              |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | FILING DATE                                                                                           |                                                                                                                             | FIRST NAMED INVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OR                                                                                                                                                                                                                                                                                            |                                                                                              | ATTO                                              | RNEY DOCKET NO.                                                                                                                | CONFIRMATION NO.                                                                                                                    |
| 10/552,617                                                                                                                                                                                                                                                                                                                                                             | 03/16/2007                                                                                            | •                                                                                                                           | Anita Mehta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   | RLL-292US                                                                                                                      | 6306                                                                                                                                |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                                     | I: SUBSTITUTED AZA                                                                                    | BICYCLO HEXANE DE                                                                                                           | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   | AGONISTS                                                                                                                       |                                                                                                                                     |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                                                          | ISSUE FEE DUE                                                                                                               | PUBLICATION FEE DU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Æ I                                                                                                                                                                                                                                                                                           | PREV. PAID ISSUI                                                                             | E FEE                                             | TOTAL FEE(S) DUE                                                                                                               | DATE DUE                                                                                                                            |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                    | \$1510                                                                                                                      | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _                                                                                                                                                                                                                                                                                             | \$0                                                                                          |                                                   | \$1810                                                                                                                         | 09/15/2009                                                                                                                          |
| EXAM                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       | ART UNIT                                                                                                                    | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ASS-SUBCLASS                                                                                                                                                                                                                                                                                  |                                                                                              |                                                   |                                                                                                                                |                                                                                                                                     |
| BAEK, BO                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       | 1614                                                                                                                        | 514-317000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   |                                                                                                                                |                                                                                                                                     |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                                                       |                                                                                                                             | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   |                                                                                                                                |                                                                                                                                     |
| PLEASE NOTE: Un                                                                                                                                                                                                                                                                                                                                                        | less an assignee is ident<br>th in 37 CFR 3.11. Com                                                   | A TO BE PRINTED ON iffied below, no assignee pletion of this form is NO                                                     | data will appear on the<br>T a substitute for filing<br>(B) RESIDENCE: (CI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e pat<br>an as                                                                                                                                                                                                                                                                                | ent. If an assignossignment. and STATE OR C                                                  | OUNT                                              | RY)                                                                                                                            | ocument has been filed for                                                                                                          |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                               | riate assignee category or                                                                            | r categories (will not be p                                                                                                 | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I                                                                                                                                                                                                                                                                                             | Individual 🖵 Co                                                                              | rporati                                           | on or other private gro                                                                                                        | up entity 🔲 Government                                                                                                              |
| 4a. The following fee(s)                                                                                                                                                                                                                                                                                                                                               | are submitted:                                                                                        | 4                                                                                                                           | b. Payment of Fee(s): (P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                               | e first reapply ar                                                                           | y prev                                            | iously paid issue fee s                                                                                                        | hown above)                                                                                                                         |
| Issue Fee                                                                                                                                                                                                                                                                                                                                                              | No small entity discount                                                                              |                                                                                                                             | ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   |                                                                                                                                |                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                        | # of Copies                                                                                           |                                                                                                                             | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   |                                                                                                                                |                                                                                                                                     |
| 5. Change in Entity Sta                                                                                                                                                                                                                                                                                                                                                | ,                                                                                                     |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   |                                                                                                                                |                                                                                                                                     |
| **                                                                                                                                                                                                                                                                                                                                                                     | s SMALL ENTITY state                                                                                  |                                                                                                                             | b. Applicant is no l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _                                                                                                                                                                                                                                                                                             | _                                                                                            |                                                   |                                                                                                                                | ,                                                                                                                                   |
| NOTE: The Issue Fee an interest as shown by the                                                                                                                                                                                                                                                                                                                        | d Publication Fee (if req<br>records of the United Sta                                                | uired) will not be accepte<br>ites Patent and Trademark                                                                     | d from anyone other that<br>Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ın the                                                                                                                                                                                                                                                                                        | e applicant; a regi                                                                          | stered a                                          | attorney or agent; or the                                                                                                      | e assignee or other party in                                                                                                        |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               | Date                                                                                         |                                                   |                                                                                                                                |                                                                                                                                     |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                             | Registration No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                              |                                                   |                                                                                                                                |                                                                                                                                     |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223                                                                                                                                                                                                    | tiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DO | CFR 1.311. The information of U.S.C. 122 and 37 CFR by USPTO. Time will vary rden, should be sent to the D NOT SEND FEES OR | on is required to obtain on 1.14. This collection is y depending upon the influence of the complete of the com | or ret<br>estin<br>idivid<br>ficer,<br>TO                                                                                                                                                                                                                                                     | tain a benefit by the trace of the take 12 r dual case. Any co, U.S. Patent and THIS ADDRESS | ne publ<br>minutes<br>mment<br>Traden             | ic which is to file (and<br>to complete, including<br>s on the amount of tin<br>nark Office, U.S. Depa<br>D TO: Commissioner f | by the USPTO to process) g gathering, preparing, and e you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450, |

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                               | FILING DATE    | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.            | CONFIRMATION NO. |
|-----------------------------------------------|----------------|----------------------|--------------------------------|------------------|
| 10/552,617                                    | 03/16/2007     | Anita Mehta          | RLL-292US                      | 6306             |
| 26815 75                                      | 90 06/15/2009  |                      | EXAM                           | INER             |
| RANBAXY INC                                   |                | BAEK, BONG-SOOK      |                                |                  |
|                                               | PROPERTY DEPT. |                      | ART UNIT                       | PAPER NUMBER     |
| 600 COLLEGE RO<br>SUITE 2100<br>PRINCETON, NJ |                |                      | 1614<br>DATE MAILED: 06/15/200 | 9                |

# **Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)**

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 70 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 70 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 (571)-272-4200.

|                                                                                                                                                                                                                                                                                                | Application No.                                                                      | Applicant(s)                                                                       | Applicant(s) |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------|--|
|                                                                                                                                                                                                                                                                                                | 10/552,617                                                                           | MEHTA ET AL.                                                                       | MEHTA ET AL. |  |
| Notice of Allowability                                                                                                                                                                                                                                                                         | Examiner                                                                             | Art Unit                                                                           |              |  |
|                                                                                                                                                                                                                                                                                                | BONG-SOOK BAEK                                                                       | 1614                                                                               |              |  |
| The MAILING DATE of this communication appear All claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIOF of the Office or upon petition by the applicant. See 37 CFR 1.313 | (OR REMAINS) CLOSED in<br>or other appropriate commu<br>IGHTS. This application is s | this application. If not included nication will be mailed in due course. <b>TH</b> |              |  |
| 2. ☑ The allowed claim(s) is/are <u>1-3</u> .                                                                                                                                                                                                                                                  |                                                                                      |                                                                                    |              |  |
| <ul> <li>3.</li></ul>                                                                                                                                                                                                                                                                          | been received. been received in Applicatio                                           | n No                                                                               | e            |  |
| * Certified copies not received:  Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONN THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                  |                                                                                      | a reply complying with the requirements                                            |              |  |
| <ol> <li>A SUBSTITUTE OATH OR DECLARATION must be subm<br/>INFORMAL PATENT APPLICATION (PTO-152) which give</li> </ol>                                                                                                                                                                         |                                                                                      |                                                                                    |              |  |
| 5. CORRECTED DRAWINGS ( as "replacement sheets") mus                                                                                                                                                                                                                                           | st be submitted.                                                                     |                                                                                    |              |  |
| (a) including changes required by the Notice of Draftspers                                                                                                                                                                                                                                     | on's Patent Drawing Review                                                           | ( PTO-948) attached                                                                |              |  |
| 1) 🔲 hereto or 2) 🔲 to Paper No./Mail Date                                                                                                                                                                                                                                                     | ,                                                                                    |                                                                                    |              |  |
| (b) ☐ including changes required by the attached Examiner's Paper No./Mail Date  Identifying indicia such as the application number (see 37 CFR 1                                                                                                                                              |                                                                                      |                                                                                    |              |  |
| each sheet. Replacement sheet(s) should be labeled as such in t                                                                                                                                                                                                                                |                                                                                      |                                                                                    |              |  |
| <ol> <li>DEPOSIT OF and/or INFORMATION about the depo<br/>attached Examiner's comment regarding REQUIREMENT</li> </ol>                                                                                                                                                                         |                                                                                      |                                                                                    |              |  |
| Attachment(s)  1. ☑ Notice of References Cited (PTO-892)                                                                                                                                                                                                                                       |                                                                                      | formal Patent Application                                                          |              |  |
| 2. Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                     |                                                                                      | ımmary (PTO-413),<br>Mail Date <u>5/27/2009</u> .                                  |              |  |
| 3. Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date                                                                                                                                                                                                                          |                                                                                      | Amendment/Comment                                                                  |              |  |
| Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                                                                                                                                                                    | 8. ⊠ Examiner's<br>9. ⊠ Other <u>S<i>TN</i> s</u>                                    | Statement of Reasons for Allowance                                                 |              |  |
| /Brian-Yong S Kwon/                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                    |              |  |
| Primary Examiner, Art Unit 1614                                                                                                                                                                                                                                                                |                                                                                      |                                                                                    |              |  |